



STATE BOARD OF OPTOMETRY
2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
P (916) 575-7170 F (916) 575-7292 www.optometry.ca.gov



APPLICATION CHECKLIST FOR FICTITIOUS NAME PERMIT

To successfully complete this application, you must:

- _____ Include a check with the application fee of \$50.
- _____ Indicate the fictitious name for which you are applying. (Box 1)
- _____ Provide a translation or explanation of any foreign or non-standard English word to appear in the permit name.
- _____ Include **ORIGINAL** signatures of all applicants. (Box 6)
- _____ Check for similar business names at the following:

1) County Clerk's index of fictitious business names. You must determine that there is not a similar business name already registered in the county where you want to use your fictitious name.

2) Secretary of State. Check for corporate filings with similar business names at www.sos.ca.gov.

IMPORTANT: The search is your responsibility and not that of the Board. Please be sensitive to other optometric business names in close proximity to your business, in order to prevent legal issues and confusion to the public.

- _____ Register your fictitious business name with the local county government as required.
 - Hint: One of the county government requirements is to publish a fictitious business name statement in a local newspaper once a week for four successive weeks with at least five days between each date of publication.
- _____ Mail the COMPLETED APPLICATION and supporting documents and fees to the Board of Optometry at 2450 Del Paso Road, Suite 105, Sacramento, CA 95834.
- _____ Take note that Fictitious name permits must be renewed annually with a fee of \$50 by January 31 each year. A \$25 delinquency fee will be added for late renewals.

FINAL APPROVAL OF THE FICTITIOUS NAME IS IN THE JUDGMENT OF THE BOARD, WHICH MEANS THAT YOUR APPLICATION CAN BE DENIED IF IT DOES NOT CONFORM TO THE PROVISIONS OF BUSINESS AND PROFESSIONS CODE §3078 AND OTHER SUCH LAWS, RULES AND REGULATIONS AS MAY BE RELEVANT (SEE PAGE 4 OF THIS APPLICATION FOR A FULL LIST).



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APPLICATION FOR FICTITIOUS NAME PERMIT

BOARD USE ONLY
 Cashiering # _____
 FNP # _____
FEE: \$50

PLEASE TYPE OR PRINT CLEARLY. ALL INCOMPLETE OR COPIED APPLICATIONS WILL BE RETURNED.

This application **does not** change your Principal Place of Practice address. If you need to change your address, go to www.optometry.ca.gov to obtain an "Optometrist Notification of Change of Address for Place of Practice" form.

Fee of \$50 is non-refundable. Checks, money
 order or cashier's check accepted payable to:
 California Board of Optometry

Mail application to: California Board of Optometry
 2450 Del Paso Road, Suite 105
 Sacramento, CA 95834

1.	Fictitious Name Choice			
	<p>State your fictitious name with one letter or space per box. Begin at the top left box completing boxes to the right. Name must include "optometry" or "optometric" with a maximum of 60 letters and spaces. If the name is an acronym or includes abbreviations, foreign words or a name other than your own, please attach an explanation of its meaning.</p> <p>Names of current Fictitious Name Permits in your county may be found in the County Clerk's index of fictitious names, and/or the Secretary of State's corporate filings online at www.sos.ca.gov. It is your responsibility to search for similar business names already in use. BPC §3078, prohibits practicing under a fictitious name that has not been approved and issued by the Board.</p> <div style="text-align: center;"> <div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> </div>			
2.	Address of Business Where Fictitious Name Will Be Used			
	Address	City	State	Zip Code
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
3.	Applicants(s) Information			
	List all licensed optometrists who have a financial interest in the business. Do not list employees.			
3a.	Applicant 1 (If you place your name here, you will be the primary contact)			
	Last	First	Middle I.	OPT License#
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
	Phone#	Cell#	E-mail	
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
	Is the address in Box 2: <input type="checkbox"/> Your Principal Place of Practice? <input type="checkbox"/> Your Branch Office? Branch Office # _____			
3b.	Applicant 2			
	Last	First	Middle I.	OPT License#
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
	Is the address in Box 2: <input type="checkbox"/> Your Principal Place of Practice? <input type="checkbox"/> Your Branch Office? Branch Office # _____			
3c.	Applicant 3			
	Last	First	Middle I.	OPT License#
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
	Is the address in Box 2: <input type="checkbox"/> Your Principal Place of Practice? <input type="checkbox"/> Your Branch Office? Branch Office # _____			

4.	Business Type						
	<p>The applicant(s) is applying as: <i>(check only one)</i></p> <p><input type="checkbox"/> Individual (Sole Proprietor)</p> <p><input type="checkbox"/> Partnership (Two or more optometrists with proprietary interest sharing the Fictitious Name)</p> <p><input type="checkbox"/> Professional Optometric Corporation* (Attach a copy of the Articles of Incorporation)</p> <p>*The corporation must be registered with the Secretary of State as a California Professional Optometric Corporation as defined under California Corporations Code §13400 et. seq. If the fictitious name includes "Inc." or other corporate designations, the name of the Fictitious Name Permit and the name on the Articles of Incorporation must be the same.</p>						
5.	Owner of the Property/Office Space Business is Located						
	<p><input type="checkbox"/> Owned by applicant(s) If you check this box, you must attach a copy of the Title or Deed.</p> <p><input type="checkbox"/> Leased by the applicant(s) If you check this box, you must attach a copy of the lease agreement. If you hold a sub-lease, a copy of the Master Lease Agreement must also be attached.</p> <p><input type="checkbox"/> Rented by the applicant(s) If you check this box, you must attach a copy of the Rental Agreement.</p>						
6.	Owner Signatures and Declaration of Name Search						
	<p>Those with an ownership and financial interest in the location for which this Fictitious Name Permit is issued must be listed and must sign below. Attach additional sheets if necessary.</p> <p>The undersigned and each of the undersigned hereby certifies under penalty of perjury under the laws of the State of California that statements made on this Fictitious Name Permit Application, and all attachments thereto, are true and correct. A search of the business records of the county where the business is proposed to be located was conducted and completed. A same or similar name was not located, nor are the undersigned personally aware of any such business in operation within the county with a same or similar name, but has not filed a fictitious business name statement, completed publication, and/or obtained a fictitious name permit from the Board.</p> <p>If you are a corporation, the below also applies: Complete Corporation Name _____</p> <p>I certify that at least 51% of the said corporation's shares are owned by a licensed optometrist and as such make this declaration for and on behalf of said corporation. I have read the foregoing application and all attachments thereto and know the content thereof, and the same are true of my knowledge.</p> <p>I declare under penalty of perjury under the laws of the State of California that I am a licensed optometrist and have the legal authority to act on behalf of said corporation and that the information contained in this application and all attachments thereto is true and correct.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Signature of Licensee Listed in Box 3a.</td> <td style="width: 20%;">Date Executed</td> </tr> <tr> <td>Signature of Licensee Listed in Box 3b.</td> <td>Date Executed</td> </tr> <tr> <td>Signature of Licensee Listed in Box 3c.</td> <td>Date Executed</td> </tr> </table>	Signature of Licensee Listed in Box 3a.	Date Executed	Signature of Licensee Listed in Box 3b.	Date Executed	Signature of Licensee Listed in Box 3c.	Date Executed
Signature of Licensee Listed in Box 3a.	Date Executed						
Signature of Licensee Listed in Box 3b.	Date Executed						
Signature of Licensee Listed in Box 3c.	Date Executed						
	<p align="center">PLEASE NOTE: UPON REQUEST, ADDITIONAL INFORMATION AND/OR DOCUMENTATION MUST BE PROVIDED TO THE BOARD BEFORE THIS APPLICATION WILL BE PROCESSED AND A FICTITIOUS NAME PERMIT ISSUED.</p>						

SUMMARY OF LEGAL REQUIREMENTS FOR OPTOMETRISTS USING FICTITIOUS BUSINESS NAMES

By law, any optometrist or optometric corporation conducting business under a false or assumed name in California must first meet a number of requirements before using the business name. The laws pertaining to optometrists practicing under a false or assumed name are explained below.

- It is unlawful to practice optometry under a false or assumed name, or to use a false or assumed name in connection with a licensee(s) or registered corporation unless the Board of Optometry has first issued a Fictitious Name Permit (FNP) for the false or assumed name (Business and Professions Code (BPC) §3078(a)).
- The place or establishment in which the practice is located must be owned, rented or leased by the applicant(s) (BPC §3078(a)(1)).
- The practice conducted at the place or establishment must be wholly owned and entirely controlled by the applicant(s) (BPC §3078(a)(1)).
- The name under which an optometrist or optometric corporation propose to operate must not, in the judgment of the board, be deceptive, harmful or confusing to the public (BPC §3078(a)(2)).
- The name under which the optometrist or optometric corporation proposes to operate must contain at least one of the following designations: “*optometry*” or “*optometric*” (BPC §3078(a)(2)).
- The names of all optometrists practicing at the location designated in the application are displayed in a conspicuous place for the public to see and in any advertising permitted by law (BPC §3078 (a)(3)).
- There are no charges pending against any optometrist practicing at the location that could result in revocation or suspension of their license to practice optometry (BPC §3078(a)(4)).
- Every person who regularly transacts business in this state for profit under a fictitious business name must file a fictitious business name statement in the county where the principal place of business is located not later than 40 days from the time he or she commences to transact such business (BPC §17910 and §17915).
- The filing of articles of incorporation with the state or a fictitious business name statement in the county establishes a rebuttable presumption in that county that the registrant or corporation has the exclusive right to use that business name, as well as any confusingly similar name, if the registrant or corporation is the first to register such name and is actively engaged in a business utilizing the name. The rebuttable presumption shall be applicable until the statement is abandoned or otherwise expires and no new statement has been filed by the registrant (BPC §14411, §14412, §14415, §14416).
- **RENEWAL: Fictitious name permits must be renewed annually with a renewal fee of \$50.00 due on January 31 each year. Failure to renew a fictitious name permit in a timely manner will result in a \$25 delinquency fee added to the renewal fee (California Code of Regulations §1518).**